

DETAILS

Conference Logistics: The Real Voices Real Choices Conference will be held on August 16 – 18, 2015 at Tan-Tar-A Resort and Conference Center. For a list of frequently of asked questions please visit:

<http://dmh.mo.gov/docs/consumersafety/faq.pdf>

Scholarship Includes: If you are awarded a scholarship, your registration will be covered. Your registration includes all conference materials and activities, your hotel room on August 16th and 17th at Tan-Tar-A Resort and Conference Center and four meals. Travel expenses are not included. All other meals and expenses are the responsibility of the scholarship recipient.

Application Timeline:

- **Thursday, April 30th** – Scholarship application **DUE**. ***No late applications will be accepted.***
- **Tuesday, May 12th** – Notification of approval or denial will be sent.
- **Wednesday, June 3rd** – If your scholarship application is approved, you are **REQUIRED** to complete a registration form. If the registration form is not received by the due date, your scholarship will be **forfeited**. Sorry, **NO EXCEPTIONS**.

SCHOLARSHIP ELIGIBILITY

Scholarship funding comes from a variety of sources. Please identify your primary treatment category (*select one*):

- ☐ Mental Illness
☐ Developmental Disabilities
☐ Addiction Disorders

Note: There are a limited number of scholarships available for Consumers, Self-Advocates, Persons in Recovery and Family Members. Submitting a scholarship application does not guarantee acceptance; if awarded, you must still complete registration!

CONTACT INFORMATION

<u>First Name:</u>	<u>Last Name:</u>	
<u>Street Address:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Email Address:</u>		<u>Phone Number:</u> ()

ADDITIONAL INFORMATION

Will you be attending with a group? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<u>Group Name:</u>		
<u>Name of Group Contact:</u>	<u>Contact Phone Number:</u> ()	
<u>Email Address of Group Contact:</u>		
Are you sharing a room with another attendee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<u>Name of roommate (if applicable):</u>	<u>Roommate's Phone Number:</u> ()	

Please print your name:

ADDITIONAL INFORMATION (cont.)

Why are you interested in attending the conference?

How will you use the information you obtain at the conference in your local community?

If you have additional questions, you may contact the Conference Coordinator, Katie Andrews, by telephone at 573-645-7103 or by emailing consumerconference@dmh.mo.gov.

Forms can be sent via:

Mail: Missouri Department of Mental Health
Attn: Real Voices Real Choices Conference
1706 E. Elm Street
Jefferson City, MO 65101

Fax: 573-526-7926
Attn: Real Voices Real Choices Conference

E-mail: consumerconference@dmh.mo.gov

For up to date information:

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